



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications
Alcoholic Beverage Control License Applications

MEETING DATE: December 15, 1999

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: A copy of an application for Alcoholic Beverage Control License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Wine & Roses Country Inn, 2505 West Turner Road, Lodi, On-Sale General, Person to Person Transfer. **This is zoned C-1, Neighborhood Commercial.**
- b) Prestige to Robert H. Gweon, Gweons Enterprise, 501 West Kettleman Lane, Lodi, Off-Sale Beer and Wine, Person to Person Transfer. **This is zoned C-2, General Commercial.**
- c) Prestige to Robert H. Gweon, Gweons Enterprise, 225 South Cherokee Lane, Lodi, Off-Sale Beer and Wine, Person to Person Transfer. **This is zoned C-2, General Commercial.**

The zoning for this license is appropriate for this type of business.

FUNDING: None required.


Alice M. Reimche
City Clerk

Attachment

APPROVED: _____


H. Dixon Flynn -- City Manager

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
 31 East Channel Street
 Room 168
 Stockton, CA 95201
 (209)948-7739

File Number: **361024**
 Receipt Number: **1260482**
 Geographical Code: **3902**
 Copies Mailed Date: **November 24, 1999**
 Issued Date:

DISTRICT SERVING LOCATION: **STOCKTON**First Owner: **WINE & ROSES COUNTRY INN LLC**Name of Business: **WINE & ROSES COUNTRY INN**

Location of Business: **2505 W TURNER RD**
LODI, CA 95242

County: **SAN JOAQUIN**

Is premise inside city limits?

Mailing Address:
 (If different from
 premises address)

Type of license(s): **47**Transferor's license/name: **359859 / WINE & ROSES C** Dropping Partner: Yes _____ No **X**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
47 ON-SALE GENERAL I	PERSON TO PERSON TRANSF	P40	Y	0	11/24/99	\$1,250.00
47 ON-SALE GENERAL I	ANNUAL FEE	P40	Y	0	11/24/99	\$695.00
30 TEMPORARY RETAIL	DUPLICATE	NA	N	1	11/24/99	\$100.00
Total						\$2,045.00

Have you ever been convicted of a felony? **No**

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the
 Department pertaining to the Act? **No**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in an on-sale licensed premise will have all the
 qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the
 provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA County of **SAN JOAQUIN**Date: **November 24, 1999**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an
 executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that
 he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other
 than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for
 which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an
 agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or
 establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may
 be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

WINE & ROSES COUNTRY INN LLC**See 211 Signature Page**

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
31 East Channel Street
Room 168
Stockton, CA 95201
(209)948-7739

File Number: **361009**
Receipt Number: **1260444**
Geographical Code: **3902**
Copies Mailed Date: **November 24, 1999**
Issued Date:

DISTRICT SERVING LOCATION: STOCKTON

First Owner: **GWEON ROBERT H**
Name of Business: **GWEONS ENTERPRISE**

Location of Business: **501 W KETTLEMAN LN**
LODI, CA 95240

County: **SAN JOAQUIN**

Is premise inside city limits?

Mailing Address:
(If different from
premises address)

Type of license(s): **20**

Transferor's license/name: **312823 / PRESTIGE STAT.** Dropping Partner: Yes _____ No X

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
20 OFF-SALE BEER ANI	PERSON TO PERSON TRANSF	NA	Y	0	11/24/99	\$50.00
20 OFF-SALE BEER ANI	ANNUAL FEE	NA	Y	0	11/24/99	\$34.00
30 TEMPORARY RETAIL	DUPLICATE	NA	N	1	11/24/99	\$100.00
Total						\$184.00

Have you ever been convicted of a felony? **No**

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Applicant Name(s)**GWEON ROBERT H****Applicant Signature(s)**

X X 11-24-99

11-24-99

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

ABC 211 (6/99)

TO: Department of Alcoholic Beverage Control
31 East Channel Street
Room 168
Stockton, CA 95201
(209)948-7739

File Number: **361006**
Receipt Number: **1260437**
Geographical Code: **3902**
Copies Mailed Date: **November 24, 1999**
Issued Date:

DISTRICT SERVING LOCATION: **STOCKTON**
First Owner: **GWEON ROBERT H**
Name of Business: **GWEONS ENTERPRISE**
Location of Business: **225 S CHEROKEE LN**
LODI, CA 95240
County: **SAN JOAQUIN**
Is premise inside city limits? **Yes**
Mailing Address:
(If different from
premises address)

Type of license(s): **20**

Transferor's license/name: **318946 / PRESTIGE STAT** **Dropping Partner:** Yes _____ No X

<u>License Type</u>	<u>Transaction Type</u>	<u>Fee Type</u>	<u>Master</u>	<u>Dup</u>	<u>Date</u>	<u>Fee</u>
20 OFF-SALE BEER AND	PERSON TO PERSON TRANSF	NA	Y	0	11/24/99	\$50.00
20 OFF-SALE BEER AND	ANNUAL FEE	NA	Y	0	11/24/99	\$34.00
30 TEMPORARY RETAIL	DUPLICATE	NA	N	1	11/24/99	\$100.00
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Applicant Name(s)**GWEON ROBERT H****Applicant Signature(s)**

X 

Smf-ABC
11-24-99